



**Novel H1N1 Influenza A Virus (A/SWH1):
Interim Guidance for Hospital-based Physicians and
Other Healthcare Providers (May 21, 2009)**

Since the identification of “swine flu” in late April 2009, thousands of cases of novel H1N1 influenza A virus (A/SWH1) infections have been reported in the United States. Many people do not have immunity to the new virus; as a result, widespread or epidemic transmission is possible. Currently, the Washington State Department of Health (DOH) and local public health jurisdictions are developing long-term disease surveillance to monitor A/SWH1 activity. Another major surveillance goal will be to monitor if the A/SWH1 virus becomes more virulent. DOH is asking physicians (especially intensivists, pulmonologists, hospitalists, infectious disease physicians, and infection control practitioners) to report the following cases to local public health jurisdictions:

Hospitalized patients with severe acute unexplained respiratory illness that is ***community-acquired*** (onset within 48 hours of admission) with ***shortness of breath, hypoxia, or radiographic evidence of pneumonia*** that is suggestive of an ***infectious etiology*** (e.g., fever $>37.8^{\circ}\text{C}$ [100°F])

[Note: It is important to consider the possibility of influenza dual infection in those with bacterial pneumonia due to *Streptococcus* or *Staphylococcus* and the possibility of influenza as the cause of Acute Respiratory Distress Syndrome and Acute Lung Injury.]

When cases are identified, please do the following:

- Confirm that appropriate infection control measures are in place. Current DOH recommendations regarding masks and respirators are available at <http://www.doh.wa.gov/ehsphl/Epidemiology/CD/swineflu/sfluresources/maskguidance.htm>.

- Obtain a nasopharyngeal specimen using a synthetic swab (not cotton or calcium alginate) and place in viral transport medium. This specimen should be refrigerated (not frozen).
- For intubated patients, collect a tracheal specimen and sample the aspirated material using the same type of swab described above. Place in viral transport medium and refrigerate (do not freeze).
- Perform an influenza A “rapid test.” If positive, contact your local public health jurisdiction and ship a second swab with a completed virology form (<http://www.doh.wa.gov/ehsphi/Epidemiology/CD/swineflu/VirH1N1form.pdf>) to: Washington State Public Health Laboratories (PHL), Attention: Virology Lab, 1610 NE 150th Street, Shoreline, WA 98155. This will be tested for A/SWH1.
- For rapid test-negative persons, consider additional influenza testing if you still suspect influenza. Commonly available tests are direct fluorescent antibody assays and virus culture (using shell vial or conventional cultures). Several clinical laboratories have developed or are developing polymerase chain reaction assays for A/SWH1. As part of this A/SWH1 surveillance, clinicians may also contact their local public health jurisdiction to request submission of samples to the state’s PHL to test for A/SWH1.
- For intubated patients, PHL will accept broncho-alveolar lavage or deep tracheal suction specimens if packaged and shipped properly. This is an exception to PHL’s normal specimen requirements. As a result, if the test is positive for A/SWH1, we will report it as such. But, if negative for A/SWH1, because this is a nonstandard specimen, we must report the test as inconclusive.
- PHL will test for A/SWH1 only but no other respiratory pathogens

For more information about A/SWH1, see: <http://www.cdc.gov/swineflu/> and <http://www.doh.wa.gov/swineflu/default.htm>